

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		64834	1/24
O.I.P.E. CLASSIFIER	RSD		2/12/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CA	64605	3-8-00

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	7/10/02
2	10/14/02
3	4/15/04
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Claim	Date
Final Original	
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52	10/14/02
53	4/15/04
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Claim	Date
Final Original	
101	4/15/04
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If more than 150 claims or 10 actions
 staple additional sheet here

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